IN THE UNITED STATES DISTRICT COURT FOR THE DISTRICT OF DELAWARE

MAVEICE WALKER O/B (MW)

PLERK U.S. DISTRICT COUPE

(In the space above enter the full name(s) of the plaintiff(s).)

Civ. Action No. _____18 - 8 5 6

(To be assigned by Clerk's Office)

-against-

Delayage

VRS) BOARD OF Education

COMPLAINT

(Pro Se)

Jury Demand?

Yes

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Section I. Do not include addresses here.)

NOTICE

Federal Rule of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date: the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth: a minor's initials: and the last four digits of a financial account number.

If this is an employment discrimination claim or social security claim, please use a different form.

Plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

I. PARTIES IN THIS COMPLAINT

Plaintiff

Plaintiff:

List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Defendant(s)					
government agence each defendant ca		corporation, or an re that the defendan	individual. Incl nt(s) listed belov	ude the address where ware identical to those	
Defendant 1:	LVNCh.	arey			
Deîendant 2:	Name (Last, First) 750 Mark Street Address County, City Name (Last, First) Street Address County, City County, City	MINAS CR CAKE E	() /99 tate () /79	SPULLSUN 63 Zip Code Zip Code	huse)

E-mail Address (if available)

Defendant(s)	Continued			
Defendant 3:	Szymanski, Adam			
	Name (Last, First)			
	821 Silver Lake Blud			
	Street Address			
	Ker, Dusa 19904			
	County, City State Zip Code			
Defendant 4:	Halmbres DOWNA (.			
	Name (Last, First)			
	400 COURT Street			
	Street Address			
	16 = Duay D. 1 16001			
	County, City State Zip Code			
	,			
II. BASIS F	FOR JURISDICTION			
Check the option	n that best describes the basis for jurisdiction in your case:			
□ U.S. Govern	ment Defendant: United States or a federal official or agency is a defendant.			
•	Citizenship: A matter between individual or corporate citizens of different states ant in controversy exceeds \$75.000.			
	estion: Claim arises under the Constitution, laws or treaties of the United States.			
•				
rights have been	ederal Question", state which of your federal constitutional or federal statutory n violated.			
0 11 1				
1619 At to) due Process pursuant to Sixth and Fourteenth Amendments			
(1) 1 Mights Achon under 42 U.S.C. 1983 Wolsted				
VIUIATED 11 Del C & 6516, 6517 admission Medical treatment				
HIST HIMENAMENT KIGHTS + HIRTICLE ISS at Welaware (DUSTITUTION, Ketaliahar				

III. VENUE

This court can hear cases arising out of the Counties of New Castle, Kent, and Sussex in the State of Delaware.

Under 28 U.S.C § 1391, this is the right court to file your lawsuit if: (1) All defendants live in this state AND at least one of the defendants lives in this district; OR (2) A substantial part of the events you are suing about happened in this district; OR (3) A substantial part of the property that you are suing about is located in this district; OR (4) You are suing the U.S. government or a federal agency or official in their official capacities and you live in this district. Explain why this district court is the proper location to file your lawsuit.

Venue is appropriate in this Court because: Plaintiff, Resides in New Castle, Courty, Delawar. Plaintiff Attends school within the
Sinte.
Graved Defendant will continue to violate 8 thite such Federal
Low of Masa Child within The Federal Dissbilities Act. Bis
1) strict is the proper location based on Junistichal it all parties.
IV. STATEMENT OF CLAIM
Place(s) of occurrence: New Castle, Lent Worty Delaware
Date(s) of occurrence: JANVAN 2017 to Presur
State here briefly the FACTS that support your case. Describe how each defendant was personally involved in the alleged wrongful actions.
Motion for Immediates INTUROTION Relief
What happened to you? Then Oefendari for the you later of Civil Rights Under 42 USC. 18, 1983.
And is protected by Federal Stripe of the Eighth Fourierally Page 4 of 8

ibel. Rev. 11740 Pro Se General Complaint Form
Plainiff is indigent and has been declared indigent
By Family west of State of Delaware DOR (ASTONAL) with
Performed as Recent as Man 2018 by De. Ben
Courley State Physiologist with DYRS.
CANTON. STATE INJSCOTOGIST DIFE DIFES.
Plaintiff was INCARCORATION IN NOVEMBER 2017
UNT. MESENT WAS A VIOLATION UNCLE LIEA.
which caused seaws and inversible hann
of Iktendari.
\mathcal{O}
MAINTH, ASSEADS THAT CORAUPTON AND MISCONOLICH
Dy alerday Cause hom to flaintith when
Defendant tailed to project Plaintiff Multiple
times causing INTRY to Plaintiff.
ON May 315 And June 5, 2018, PAINTIH
WAS Attacked wside the Stevenson house
Defended center by Multiple in dividus 5
Was anyone Resulting IN DROKEN MANY OF PAINTIFF
invoived? Also two Chip feeth of Plansiff.
Detendant, trailed to Protect Plaintiff
CAUSING INDRIVAND hanse treatment which
resultations in Plaintiffs emotough and Mental
Realth Ton Davanis Asuses.
Defendant Continuelly Violates Plainist
Rights as a protected Individual of Federal
Draft Lycelies
Plantiff has An I.E.P. SETUP Which has been
Plantiff has an I.E.P. SET-up which has been violated by Defendant while in School. Page 5 of 8
of other of extended with the

(Del. Rev. 11/14) 979 Se General Complaint Form Seeks eguirments Who did what?

V. INJURIES

If you sustained injuries related to the events alleged above, describe them here.

Multiple Toyens, Musi Recent was at June 4.5 IN which
Plantiff was transported to Kent General hospital
from Stevenson house. Plantits Breas were not wishled
Plainter Received backer finger on Right hand The chipper
Tresh, myttple Scaring and Arm and Shallder.
If federt tailed to adjust facuts in one h product.
Plant of Lecqued broke- burg from teacher at Kirk
clementa Shall Paper. Detendant fooled to pasket
A. Tuckindral Protected by FARE + IDEA Cows

Money damages in the amount of: 5 4.800.000 USD.

VI. RELIEF

The relief I want the court to order is:

Other (explain):
Immediate Retraction GPS- Ragnons.
Innodiate Fujunctive Relief than taning
Tours l'ate Protocolis under tedas Paptertion of
A MINOR Child With DISASILITES Protected by FARE+ IDEF
I munediate Over Site to insure Mimor childres able to
be schooled IN PRUME SETTING to CARH UP ON WORL
and Allowed inclusion into school SETTING AS SET
touch IN his I.E.P.
Defendant to Stop frivolous Attempts to Procesula
Defendant to Stop frivolous Attempts to Processite Tuchnichus with disabilities from Schools within
the Shile of Delawone.

VII. CLOSING

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending or modifying existing law; and (3) complies with the requirements of Rule 11.

I agree to provide the Clerk's Office with a	ny changes to my	address where cas	e-related papers
may be served. I understand that my failur	e to keep a curren	address on file w	ith the Clerk's
Office may result in the dismissal of my ca	se.	and (
Dated	/ Plainti	ff's Signature	
Walker, Marrice	A		
Printed Name (Last, First, MI)			
715 Varaleuga Aux	W.lm.	121 (9802
Address	City	State	Zip Code
1-609-464-6383			11.
Telephone Number	⊵-ma i	il Address (if avail	able)

List the same information for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.